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RABIES IN MANILA.

REPORT OF TWO CASES AFFECTING HUMAN BEINGS.

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Although some of the local physicians claimed to have seen rabies in animal and man in the Philippines before the American occupation, there was a great deal of dispute as to its existence until the work of Dudley and Whitmore proved its presence beyond a doubt. Since then evidence has accumulated in abundance showing that rabies is present in the Philippine Islands and that cases of it are not infrequent. Dudley and Whitmore collected statistics on a number of cases of the disease in man, and to this list may be added two more in the Province of Pangasinan (diagnosis made on clinical symptoms only), one in a soldier at Camp Overton, Mindanao (diagnosed by clinical symptoms and absence of any post-mortem lesions to account for death), one in the Province of Ambos Camarines (this case developed notwithstanding the Pasteur treatment), and two cases which came under the observation of the writer at the San Lazaro Hospital, one of which was infected in Cavite and the other in Manila.

The situation became sufficiently important for the bureau of science to establish a Pasteur laboratory, and at present the bureau of health is enabled through the bureau of science to furnish its district health officers upon request with a sufficient number of treatments ready for use. The inoculations are then made either by the district health officer or the municipal physician. In the transmittal of this virus the same difficulties present themselves as have been experienced with vaccine virus in the Philippine Islands, namely, the infrequent and slow transportation to many of the municipalities and the absence of ice in a majority of them, thereby rendering the virus liable to deterioration before the treatment is completed.

The histories of the two cases in Manila were as follows:

CASE I.

The patient was a Filipina woman 50 years of age, a cook, and an extensive consumer of vino. She entered the hospital on Christmas Day, 1910, with a history of having been bitten on the calf of the left leg by a dog 40 days before and of having been sick three days before admission.

The first symptoms noticed before entering the hospital were nervousness, restlessness, irritability, and slight fever, with a loss of appetite and sleeplessness. Later she became unable to swallow and refused to attempt it, and more or less delirium developed. There was apparently no numbness or tingling in the region of the wound, which was entirely healed.

When she came to the hospital she was delirious most of the time; face and eyes were congested; she swallowed only with the greatest difficulty, and had a slight amount of fever. There was abundant secretion of saliva and congestion of throat.

On December 26, temperature was 103° F. and pulse became weak and rapid and respiration more shallow and rapid.

On December 27, all symptoms became worse, pulse and respiration very weak and rapid, and deglutition practically impossible; paralysis of legs complete with more or less general paralysis and patient unconscious. The patient was catheterized and considerable urine was obtained. The urine was scanty throughout, owing to lack of liquids, but otherwise apparently normal. There was considerable abdominal distention, due to gas, which was relieved by enemas. The patient died about 2 p. m., December 27, 1910.

The post-mortem examination showed a slight chronic nephritis, slight endocarditis, and slight cirrhosis of liver, not enough, however, to account for death. The brain showed nothing abnormal, but the spinal cord was considerably congested. The blood vessels in the pia mater were deeply engorged and the gray matter of a pinkish color. Negri bodies were not found in the brain, but inoculated animals died of paralysis and negri bodies were demonstrated in them.

CASE II.

Patient was a Filipino woman 21 years of age, married, a resident of Cavite. Entered hospital on October 5, 1911, with history of having been bitten by a dog on the right hand about 40 days before and having been sick two days before admission.

Symptoms before entering hospital were restlessness and difficulty in swallowing. When she entered hospital was restless, quite weak, and deglutition was difficult. There was some congestion of throat.

Patient became weaker, and deglutition was practically impossible on the 6th. Pulse became rapid, and respiration rapid and shallow. No paralysis developed. There was slight fever, about 100° F. Patient died October 7, 1911, at 3.30 p. m., apparently of respiratory failure.

The post-mortem examination disclosed nothing abnormal except a possible hypoplasia of the cardio-vascular system and slight meningeal congestion. Negri bodies were demonstrated in the cells of the hippocampus major and inoculated animals died of paralysis and negri bodies were demonstrated in their hippocampi.

DISCUSSION.

It will be noticed that in each case the period of incubation was about 40 days and the duration of the disease about 5 days. In the first case the nervous symptoms were very pronounced, while in the second case, except for the restlessness, the nervous symptoms were not at all marked, although it is probable that death was due to paralysis of respiration. In both cases, however, a prominent symptom was the inability to swallow, efforts to do so resulting in a regurgitation of the liquid and discomfort amounting to great suffering. While all the symptoms were consistent with a diagnosis of rabies, this symptom alone, with the history of the case, was considered sufficient to justify such a diagnosis.

It will also be noted that negri bodies were demonstrated in the hippocampus major in that case which showed the least general nervous symptoms, while in the case which showed marked general nervous symptoms negri bodies were not demonstrated and resort had to be made to animal inoculation before the laboratory diagnosis was given.